



STATE OF DELAWARE
Child Death, Near Death and Stillbirth Commission
900 King Street
Wilmington, DE 19801-3341

CAPTA¹ REPORT

In the Matter of
Ishmael Morris-Grant
Minor Child²

9-03-2008-00009

November 20, 2009

¹ The federal Child Abuse Prevention and Treatment Act requires the disclosure of facts and circumstances related to a child's near death or death. 42 U.S.C § 5106 a(b)(2)(A)(x). See also, 31 Del.C. § 323 (a).

² To protect the confidentiality of the family, case workers, and other child protection professionals, pseudonyms have been assigned.

Background and Acknowledgements

The Child Death, Near Death and Stillbirth Commission (“CDNDSC”) was statutorily created in 1995 after a pilot project showed the effectiveness of such a review process for preventing future child deaths. The mission of CDNDSC is to safeguard the health and safety of all Delaware children as set forth in 31 Del.C., Ch., 3.

Multi-disciplinary Review Panels meet monthly and conduct a retrospective review of the history and circumstances surrounding each child’s death or near death and determine whether system recommendations are necessary to prevent future deaths or near deaths. The process brings professionals and experts from a variety of disciplines together to conduct in-depth case reviews, create multi-faceted recommendations to improve systems and encourage interagency collaboration to end the mortality of children in Delaware.

Summary of Incident

The case regarding Ishmael Morris-Grant is considered a near death incident. At the time of the incident, the child was approximately forty days old and residing with his biological parents who were undocumented aliens from Mexico.

On the day of the incident, the Division of Family Services (“Division”) received an urgent referral alleging physical abuse of the child. The child was brought to the hospital by Emergency Services after the mother called 911 from her home. The mother reported that the child had fallen from an infant swing and hit his head.

Upon arrival at the hospital, the infant vomited and a CAT scan was completed which revealed a small subarachnoid hemorrhage. Additionally, a physical exam revealed scalp soft tissue edema over the left frontal bone. The mother reported that she had placed the child in the swing, unbuckled, without the motor on, and left the child unattended momentarily while using the bathroom. Upon her return, the child was found face down on the floor and red in color. Mother stated the swing was no more than 5-6 inches off the ground. It was noted that the child’s injuries were inconsistent with the mother’s story, even if the swing was 12 inches off the ground. Medical personnel did not believe that the child’s motor skills were developed to the point where the child could pull himself from a reclined position in the swing and onto the floor, leading them to question the circumstances surrounding the child’s injuries. Mother’s affect was noted to be flat.

Medical records, regarding the mother, indicate a history of sexual abuse as a child, Major Depressive Disorder with suicidal ideation and past suicidal attempts, self-injury by means of cutting, and domestic violence with the child’s father. The mother had been evaluated, prior to the child’s birth, by a clinical psychologist and diagnosed with Anxiety and Depressive Disorders and possible Bipolar or Obsessive Compulsive Disorder. During pregnancy the mother was prescribed psychotropic medication, but did not take it for financial reasons. One month and again two weeks before the incident, the mother was seen by her obstetrician for complaints of post partum depression and insomnia. Nine days and again two days before the incident, the mother was seen by her primary care doctor complaining of depression. Nine days before the incident the mother

was also seen by the medical social worker who was also aware of the financial difficulties and the mental health history of the mother. Nine days before the incident the mother was again prescribed an antidepressant medication, for which she again cited financial constraints for attaining. Additionally, the prescribing doctor instructed the mother to take the medication at night and then wake every 2 hours and pump her breast milk and dump it for the next 8 hours and feed the infant formula during that time so the infant would not be negatively affected by the medication.

Two days after the incident, the Division was granted custody of the child due to the unexplained injuries and mother's mental health. The mother was admitted to a psychiatric facility that day due to suicidal ideation after learning the Division was pursuing custody of her son. She was discharged four days later and diagnosed with Major Depressive Disorder. At the time of the child's injuries, the mother was not taking the prescribed medication for her mental health diagnosis because she was uninsured and could not afford the medication.

The Division found that the mother was negligent, causing the child to be injured. Therefore, the Division substantiated the mother for a level two finding of moderate physical neglect for failing to protect the child while in her care.

System Recommendations

The following recommendations were put forth by the Commission:

- (1) CDNDSC shall refer the physician involved in the present case to the Board of Medical Practice to review the physician's treatment as it pertained to this case.

It is noted that the physician asked all appropriate questions regarding the mother's mental health and received answers from the mother regarding her known history of depression and possible bipolar disorder. However, after obtaining this information the physician failed to ensure medical treatment based on the mother's responses. Additionally, the safety and security of the infant, as it was known that the mother was the sole care-giver, was never ensured by the physician. A referral to DFS or a public health nurse should have been done in this case.

- (2) CDNDSC shall send a letter to the Medical Society of Delaware recommending more educational opportunities to practitioners regarding the use of psychotropic medications during and after pregnancy. Information distribution of which psychotropic drugs are available at discounted prices at certain pharmacies or pharmaceutical company programs which provide medications to those in need may enable greater access to pregnant and post-partum mothers, in particular.

In this particular case, the mother demonstrated several risk factors for post-partum depression including previous depression, previous suicidal ideation and attempts. Most concerning, however, were her multiple attempts to seek help after delivery for her depression. The mother may have been directed to a discounted pharmacy where the drug she was prescribed, fluoxetine, is available for as little as \$4 for 30 day supply.

- (3) CDNDSC shall send a letter to the Medical Society of Delaware and the Delaware Chapter of the American Academy of Pediatrics recommending more educational opportunities to practitioners regarding the risks and benefits of the use of psychotropic medications during lactation.

In this particular case, the mother was directed to start on psychotropic medications for her depression. However, the limitations must have seemed overwhelming to her. For a depressed mother to have to wake every 2 hours at night to pump her milk to dump it, so as not to expose her child to the medication she needs to take in order to stabilize herself psychologically and physically must seem overwhelming. That is, in addition to feeding the child formula overnight every 2-3 hours, which the family could probably not afford.

Ancillary Factors³

The following ancillary factors were identified and will be evaluated by CDNDSC for possible action:

- (1) Multigenerational History of Abuse

Birth mother was a victim of sexual abuse perpetrated by her maternal uncle.

- (2) Presence of Domestic Violence

Birth mother and father had a volatile relationship during the pregnancy, it was noted that birth mother was struck once by the father of her baby during pregnancy and a history of verbal abuse also existed.

- (3) Parents are undocumented aliens.

Child's parents are illegal immigrants with little support. Financial issues prohibited the birth mother from filling necessary prescriptions for her mental health.

³ In some cases there may be no system practices or conditions that impacted the death or near death of the child; however, if the Panel determines that there are ancillary factors which impact the safety or mortality of children, those factors are compiled by CDNDSC staff and presented at least annually to the Commission for possible action.